

# ANCC Content Expert Application

## Instructions



This application may be used to apply for content expert positions serving as Content Expert Panelists, Item Writers, and/or Standard-Setting Panelists. No experience required. For detailed information click on following links:

[Content Expert Panel](#)

[Item Writer](#)

[Standard Setting Panel](#)

> Please complete all sections of the following application. Submit the following documents:

- > Resume
- > Job description
- > Letter of recommendation from current employer
- > If self-employed, include a letter describing professional responsibilities and a statement of commitment and ability to participate.

> Please type all answers and save file using your last name in the file name (for example, "SmithApplication.PDF").

> All documents must be returned to **ANCCVolunteer@ana.org** in Word or PDF format. If you are unable to save files in these formats, please contact our certification program specialist at **ANCCVolunteer@ana.org** or mail the application to:

**American Nurses Credentialing Center**  
**Attn: Certification Program Specialist**  
**8515 Georgia Avenue, Suite 400**  
**Silver Spring, MD 20910-3492**

For more information about becoming an ANCC Content Expert, please visit our website:  
**[www.nursecredentialing.org/Certification/Volunteer.aspx](http://www.nursecredentialing.org/Certification/Volunteer.aspx)**



## Primary Employment Information

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Employer Name

Position Title

Department

Dates of Employment

Employer Address

City

State

Zip/Postal

Work Phone

Ext.

Work Fax

Work E-mail

## Faculty (academic only)

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Are you a faculty member? (includes full time and part time faculty)  Yes  No

If yes, please mark all education levels you teach:  ADN  BSN  MSN  DNP  PhD  Other: \_\_\_\_\_

Are you *primarily* employed as faculty?  Yes  No

Do you spend at least 50% of your professional time teaching in the role, population, and specialty of the certification in which you are seeking appointment?  Yes  No

Are you also currently in clinical practice?  Yes  No

If yes, what percentage of your professional time do you spend in clinical practice? \_\_\_\_\_

## Staff Development/Clinical Educator (includes adjunct faculty)

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Are you *primarily* employed in staff development or as a clinical educator?  Yes  No

Do you spend at least 50% of your professional time teaching in the role, population, and specialty of the certification in which you are seeking appointment?  Yes  No

Are you also currently in clinical practice?  Yes  No

If yes, what percentage of your professional time do you spend in clinical practice? \_\_\_\_\_

## Clinical Practice

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Are you currently in clinical practice?  Yes  No

If yes, please describe your clinical practice:

Are you *primarily* employed in clinical practice?  Yes  No

Do you spend at least 50% of your professional time engaged in clinical practice in the role, population, and specialty of the certification area to which you are seeking appointment?  Yes  No

## Essay Question

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Please explain your expert abilities in your certification specialty. Be sure to include education (continuing education or academic) or experience, as well as day-to-day clinical practices.

## Primary Employment Practice Setting

Geographical setting of the facility at which you practice:

- Rural- population (< 2,500)
- City- population (50,000 - 249,999)
- Greater Metropolitan (>999,999)
- Town- population (2,500 - 49,999)
- Metropolitan- population (250,000 - 999,999)

What is your current employment setting? Select all that apply:

### Number of Beds

- Not applicable
- 1-100
- 101-250
- 251-500
- More than 500

### Age of Patients (check all that apply)

- 0-1
- 2-12
- 13-21
- 22-65
- 66-79
- 80 and above

### Type of Primary Position

- Administration/DON/CNO/VP
- Clinical/Staff/Direct Care Nurse
- Clinical Nurse Specialist
- Educator
- Nursing Associate/Assistant Admin
- Nurse Manager
- Nurse Practitioner
- Researcher
- Other, please specify: \_\_\_\_\_

### Type of Facility

- Ambulatory Care
- Community/Public Health
- Group Practice Nurse/Physician
- HMO/Managed Care
- Hospice
- Hospital
- Independent Practice/Self-Employed
- Long-Term Care
- Mental Health Center
- Military/Federal/VA
- Nursing Home
- Office Nursing
- Per Diem/Agency Travel
- Retail Clinic
- School Health
- School of Nursing/University/College
- Urgent/Emergency Care Center
- Other, please specify: \_\_\_\_\_

### Patient Populations/Conditions Represented in Your Practice:

- Cardiac
- Critical Care
- Endocrine/Diabetes
- Frail Elderly
- Gerontology
- Labor & Delivery
- Medical Surgical
- Neurology
- Orthopedics
- Pain Management
- Pediatrics
- Perinatal
- Postpartum
- Psychiatric/Mental Health
- Pulmonary
- Rehabilitation
- Renal/Urology
- Trauma/Emergency
- Other, please specify: \_\_\_\_\_

## Educational Preparation

**List your Educational Preparation.** Include graduate work and basic nursing education. List highest level first. Do not state "See CV."

Educational Institution	Area of Major Concentration	Degree	Year Awarded

## Professional Experience

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**List your three most recent positions held.** Do not state "See CV."

Organization/ Employer	Position/Title	Brief Description of Duties	Dates of Employment

## Professional Service

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**List only THREE recent/significant activities from the last five years.** For example, certifications; publications and dates; volunteer activities and offices held; presentations and to whom they were given; or honors (if applicable):

Have you ever served as a content or subject matter expert or competency expert (for example, an item writer or standard setting/cut score participant)?  Yes  No

If yes, please explain (provide organization names and dates served):

## Optional Demographics

Providing information in this section is strictly voluntary. It will be used for statistical purposes only.

**Sex:**  Male  Female

**Race/**  American Indian/Alaska Native  Asian/Pacific Islander  Hispanic/Latino

**Ethnicity:**  Black/African American  White  Other: \_\_\_\_\_

## Professional Organizations

Please check the professional organizations in which you are a current member (check all that apply):

- |                                |   |                                 |   |
|--------------------------------|---|---------------------------------|---|
| <input type="checkbox"/> AAACN | American Academy of Ambulatory Care Nursing                           | <input type="checkbox"/> ISPN   | International Society of Psychiatric-Mental Health Nurses |
| <input type="checkbox"/> ACNP  | American College of Nurse Practitioners                               | <input type="checkbox"/> NACNS  | National Association of Clinical Nurse Specialists        |
| <input type="checkbox"/> APNA  | American Psychiatric Nurses Association                               | <input type="checkbox"/> NGNA   | National Gerontological Nursing Association               |
| <input type="checkbox"/> APHA  | American Public Health Association<br>(Public Health Nursing Section) | <input type="checkbox"/> NNSDO  | National Nursing Staff Development Organization           |
| <input type="checkbox"/> ANA   | American Nurses Association   | <input type="checkbox"/> PCNA   | Preventive Cardiovascular Nurses Association              |
| <input type="checkbox"/> ASPMN | American Society for Pain Management Nursing                          | <input type="checkbox"/> SVN    | Society for Vascular Nursing                              |
| <input type="checkbox"/> GAPNA | Gerontological Advanced Practice Nurses Association                   | <input type="checkbox"/> Other: | _____   |

If appointed, I would like a letter recognizing this appointment sent to the individual listed below.  Yes  No  
If yes, please indicate the name and title of the individual that you would like to receive the letter.

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip/Postal

## Statement of Understanding for Content Expert Panel Applicants

You must be ANCC-certified in the same specialty to which you are applying. You should also be aware that the time commitment for serving as a content expert is up to a 4-year term. The content expert panel meets up to 3 times a year, on weekdays, 3 days at a time, during the year the examination is updated. (Examinations are updated every 3 years.) Meetings are held in Silver Spring, MD. For detailed information [click here](#).

### If selected and appointed, I agree to serve:

\_\_\_\_\_  
Signature\* Date

\*Your typed name is sufficient as a signature. Remember to include with the application your resume, job description, letter of recommendation, and, if self-employed, a letter describing your professional responsibilities and a statement of commitment and ability to participate on the panel.

## For Standard-Setting Panel Applicants

How many years have you practiced in the specialty area assessed by this certification examination? \_\_\_\_\_  
 (Please consider that the number of years certified may not equal the number of years practiced. If you have practiced in this specialty area for more than 7 years, you are not eligible to serve as a standard setting panelist.)

Do you precept students?  Yes  No

Please indicate any previous experience with certification or licensure examination development:

Standard setting (cut score) for this certifying organization: \_\_\_\_\_

Test item writing for this certifying organization: \_\_\_\_\_

Test item reviewing for this certifying organization: \_\_\_\_\_

Other (please specify) for this certifying organization: \_\_\_\_\_

Describe briefly why you would like to serve as a Standard-Setting Panelist. This might include particular qualifications or experiences you will bring to the panel. What are your personal goals? (No more than 100 words)

Note: Volunteering to be a standard-setting panelist requires participation in a two-day meeting held in Silver Spring, MD. For detailed information please [click here](#).

### If selected and appointed, I agree to serve:

Signature\*

Date

\*Your typed name is sufficient as a signature. Remember to include with the application your resume, job description, letter of recommendation, and, if self-employed, a letter describing your professional responsibilities and a statement of commitment and ability to participate on the panel.

## For Item Writer Applicants

Do you have access to a personal computer with either Internet Explorer (7.0 or higher) or Firefox (3.5 or higher) and Internet access?  Yes  No

Have you completed any previous item writer training or written test items for a certification or licensure examination?  Yes  No

If yes, specify organization(s):

Date(s) of prior item writer training or item writing activity, if any:

1. Briefly state why you would like to become an item writer. This might include what you hope to gain from the instruction and the experience or your personal goals. (No more than 150 words.)

2. What special qualities or experiences do you feel you will bring to the task of writing items? This might include any item writing, practical, and/or teaching experience you have, though no experience is required. (No more than 150 words.)

3. Complete item writing exercises A and B.
  - A. Review and edit one (1) of the two (2) test items below. As you edit, consider both content and grammar.
    1. A 32-year-old patient who is receiving a low-thoracic epidural infusion with a combined opioid and a local anesthetic is being assessed by the nurse for the extent of motor blockade. Twelve hours after gastric bypass surgery, the patient is asked by the nurse to:
      1. count backwards by 7's from one hundred.
      2. raise their buttocks and wiggle their toes.
      3. turn, cough, and breathe deeply.
      4. touch the tip of their nose with their right hand.
    2. An elderly man has worked over 35 years in a grain factory and tells the nurse practitioner that he has coughed for a long time and has trouble breathing, which is getting worse. The patient has smoked 1 ½ packs of cigarettes a day for the past 30 years. He has increased AP diameter, short expirations, and a pulmonary function study indicates an abnormal forced expiratory volume. What risk factor for this patient will be given immediate attention?
      1. Age of patient
      2. Cigarette smoking
      3. Gender of the patient
      4. Work environment

- B. Write one (1) multiple-choice item with four (4) options on a topic that is related to nutrition. When writing the item, use the following criteria:
1. Only one (1) option can be correct; the other three (3) options must be plausible however technically incorrect.
  2. The item must be phrased in the positive (do not use negatives such as NOT or NEVER). In addition, the item stem must be in the form of either a complete question (e.g., Which procedure is recommended for a patient with an occluded distal superficial femoral artery?) or an incomplete sentence (e.g., When teaching a couple to use positive reinforcement techniques with their child, a psychiatric nurse recommends:). Do not use fill-in-the-blank-style items.

3. Indicate the correct answer and provide a rationale for why it is correct.

Note: Volunteering to be an item writer requires participation in a three-day item writing workshop held in Silver Spring and writing 35 test items within 90 days after you complete the workshop. For more details [click here](#).

**If selected and appointed, I agree to serve:**

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Signature\*

Date

\*Your typed name is sufficient as a signature. Remember to include with the application your resume, job description, letter of recommendation, and, if self-employed, a letter describing your professional responsibilities and a statement of commitment and ability to participate on the panel.